

# PEEHIP Hospital Medical Coverage

*(Coverage for Active Members and Non-Medicare-eligible Retirees)*

## **Hospital Benefits** *(Administered by Blue Cross and Blue Shield of Alabama)*

- ♦ **Inpatient Hospitalization:** Services are covered in full for 365 days without a dollar limit.
- ♦ **Deductible:** \$100 for each admission. You are also responsible for the difference between private and semi-private accommodations and other non-medical items, such as TV, phone, etc.
- ♦ **Preadmission Certification (PAC):** All admissions will be subject to Preadmission Certification by completing a BLUE CROSS AND BLUE SHIELD OF ALABAMA PREADMISSION CERTIFICATION form. Emergency admissions must be certified by the first business day following the admission by calling 800-354-7412.
- ♦ **Inpatient Rehabilitation:** Coverage in a rehabilitation facility is limited to one admission per illness or accident; one per lifetime with a 60-day maximum. Precertification is required.
- ♦ **Outpatient Hospital Charges:** \$75 facility copay for outpatient surgery and \$25 facility copay for medical emergencies and hemodialysis. There is no copay required for accident related services rendered within 72 hours after the accident.

## **Major Medical Benefits** *(Administered by Blue Cross and Blue Shield of Alabama)*

- ♦ **Deductible:** \$100 deductible per person per calendar year; maximum of 3 deductibles per family per year.
- ♦ **Maximum:** \$1,000,000 lifetime maximum for each covered member.
- ♦ **Coinsurance:** After you pay the \$100 deductible, the plan pays 80% of the Usual Customary Rates (UCR) of covered expenses for the first \$2,000 and 100% UCR thereafter.
- ♦ **Covered Services:** Physician services for medical and surgical care when you do not use a PMD physician; laboratory and X-rays, (outpatient MRI's must be precertified); ambulance service; blood and blood plasma; oxygen, casts, splints and dressings; prosthetic appliances and braces; podiatrist services; physical therapy; allergy testing and treatments; semi-private room and other hospital care after basic hospital benefits expire.

## **Preferred Medical Doctor (PMD)**

- ♦ **\$3 Copay Per Test:** Outpatient diagnostic lab and pathology (including pap smears).
- ♦ **\$20 Copay Per Visit:** Doctor's office visits and consultations; one routine preventive visit each year for adults age 19 and over.

## **PPO Blue Card Benefits** *(Out-of-state Providers)*

- ♦ The Blue Card PPO program offers "PMD-like" benefits when members access out-of-state providers if the physician or hospital is a participant in the local Blue Cross PPO program in that state. This program allows members to receive PMD benefits such as well baby care, routine physicals and routine mammograms when accessing out-of-state PPO providers.

## **Non-participating Hospitals and Outpatient Facilities**

- ♦ Currently, there are no non-participating inpatient or outpatient facilities in Alabama. However, when choosing a hospital or outpatient facility located outside Alabama, you may want to consider checking with the facility first to determine if they are a Blue Cross and Blue Shield participating provider. With your health plan benefits, you have the freedom to choose your health care provider.
- ♦ To maximize your coverage and minimize your out-of-pocket expenses, you should always use network providers for services covered by your health plan. Your out-of-pocket expenses will be significantly higher in a non-participating hospital or facility. When you choose a network provider, out-of-pocket expenses are minimized.

### *Out-of-Country Coverage*

- ◆ If you receive medical treatment outside of the United States and the services are medically necessary, PEEHIP is the primary payer under the major medical benefits. All PEEHIP deductible and coinsurance amounts and contract limitations will apply. The claims must be stated in U.S. dollars and filed with Blue Cross and Blue Shield of Alabama.

### *Pharmacy Program (Administered by Express Scripts)*

- ◆ **Participating Pharmacy:** When you choose a Participating Pharmacy you pay the following:
  - ◇ \$5 for any covered generic prescription drug
  - ◇ \$30 for any covered preferred brand drug (The preferred brand drug list can be found on the PEEHIP Web site at [www.rsa-al.gov](http://www.rsa-al.gov).)
  - ◇ \$50 for any covered non-preferred brand drug
- ◆ Participating pharmacies file all claims for you. Most major pharmacy chains in-state and out-of-state participate with the PEEHIP Express Scripts prescription drug plan.
- ◆ Members and covered dependents must use Curascripts for all specialty medications.
- ◆ The PEEHIP prescription drug plan includes Step Therapy and prior authorization for certain medications.

### *Non-Participating Pharmacy*

- ◆ There are no benefits if you use a non-participating pharmacy in Alabama.
- ◆ **Coverage outside Alabama:** You will file the claim and be reimbursed at the Participating Pharmacy rate less the appropriate copay.

### *Excluded Services*

- ◆ Coverage is not provided for nursing home costs, vision and dental care (except accidental injuries), cosmetic surgery, hearing aids and experimental procedures.